GUIDELINES FOR USE OF STATE AIRCRAFT

TITLE: Guidelines for Use of State Aircraft during budget reduction cycle.

PURPOSE: To provide state agencies with guidelines on the permissible use of state aircraft on and after March 4, 2009 and until further notice.

GUIDELINES: Until further notice from the Office of the Governor, the use of State Aircraft is permissible if your agency can satisfy one or more of the following criteria.

Essential Service: An agency may utilize state aircraft to perform essential services or missions that are considered to be "high priority" by the Secretary or agency director where the services or missions cannot be accomplished in a timely or cost-efficient manner by using other modes of transportation. The agency's responsibility and need to provide essential services in outlying areas of the state on a timely basis, and high prioritization of those services by the Secretary or agency director are primary factors for the Secretary or agency director to consider.

Emergency Response: An agency may utilize state aircraft to respond to emergency situations that fall within the responsibility of the agency. The Secretary or agency director shall determine when an emergency exists in light of that agency's mission and responsibilities and the circumstances presented.

<u>Surveillance Activities</u>: An agency may utilize state aircraft to perform surveillance activities such as fire suppression, aerial photography, mapping or law enforcement where those activities fall within the agency's mission and responsibilities.

<u>**Cost-Efficient Multi-Passenger Transportation</u></u>: An agency may utilize state aircraft to transport three (3) or more passengers on agency business where it is more costeffective for the agency to do so, considering the cost of alternate modes of transportation, including, the costs of per diem, mileage and lost staff productivity. In each such case, the agency shall request that the Aviation Services Bureau attempt to schedule other agencies on the same flight to maximize the use of seating capacity on each flight. Flexibility in scheduling by agencies shall be required to achieve these efficiencies</u>**

<u>Health and Safety Considerations</u>: In addition to the foregoing, an agency may utilize the state's aircraft where the Secretary or agency director determines that the travel in question is essential to the health, safety and welfare of the state or the operation of state government.

Aviation Services Bureau Coordination: Every reasonable effort will be made by the GSD/TSD/Aviation Services Bureau to coordinate travel among agencies and to schedule flights to common destinations on coordinated routes in order to maximize the cost efficiency of state aircraft utilization. The coordination of schedules and flights will spread the cost per flight hour among agencies and save operational costs. Please

contact the GSD/TSD/Aviation Services Bureau for flight scheduling information (505-476-8919).

Documentation: Prior to each scheduled flight, each agency must submit a standard form (attached) to the Aviation Services Bureau identifying the criteria relied on for the flight with supporting fact, signed by the Secretary, his or her delegate or the agency director.

Any questions regarding these guidelines should be referred to Mr. Porfirio Perez, Transportation Division Director (505-476-1909).

STATE OF NEW MEXICO GENERAL SERVICES DEPARTMENT STATE AIRCRAFT USE FORM

Please complete the form by checking the appropriate guideline(s) and providing the appropriate justification. Please reference any attached supporting documentation.

Agency Name:		
Agency Code:		
Person Completing the Form:		
Telephone Number:		
E-mail Address:		
Criteria (please refer to instructions for explanation)		
Essential Function	Emergency Response	
Surveillance Activities	Health and Safety Considerations	
Cost-Efficient Multi-Passenger Transportation		
Aviation Services Bureau Coordination		

Justification (use space provided below, you may use additional pages if needed)

Cabinet Secretary, Agency Head (or designee):

Date: _____

Approved:	Disapproved:	Date:
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